OMB 0651-0032

			Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE				
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			Application Number		09/503,240	/	
			Filing Date		2/14/2000	\	
FEE TEANSMITTAL				First Named Inventor Ki-Seon		Ki-Seon K	IM, et al.
				Group Art Unit		3629	
			Examine	er Name		FISHER, N	MICHAEL J
TOTAL AMOUNT OF PAYMENT		\$1,400.00	Attorney Docket Number			P55971	
	1	METHOD OF PA	YMENT (check one)			
1. ☑ Payment enclosed: ☑ Check # 51 ☐ Money order ☐ Other	417 aur	2. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Account Number: 02-4943 Deposit Account Name: ☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 ☐ Charge the issue Fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance. 37 CFR 1.311 (b).					
ISSUE FEE PUBLICATION FEE		FEE CALC	CULATIO	N			
Fee Code Fee(s) Fee	Description		• • • • • • •		• • • • • • •	• • • • • • • • • •	Fee Paid
1501 \$ 1,400.00 Utility 2501 \$ 700.00 Utility 1504 \$300.00 Publication	Issue fee		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •		00.00
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				TOTAL	<i>:</i> :		\$1,400.00
submitted by: Robert E. Bushr 1202	nell, Attorney-at-Law Suite 300,	1522 "K" Street, N.W. Wa	ashington, D.C	20005-	Complete	e (if applicabl	e)
Typed or Printed Name	Robert E. Bushnell		Payor No. <u>008439</u>		1	Reg. No.	27,774
Signature	Par Tuhall		Date	Date September 20, 2006		Deposit Account User ID	
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SEP 2 0 2005 E UNITED STATES PATENT AND TRADEMARK OFFICE

Ki-Seon KIM, et al.

Serial No.: 09

09/503,240

Examiner:

FISHER, MICHAEL J

Filed:

2/14/2000

Art Unit:

3629

For:

MONITOR CASE COMPRISING FACILE DETACH STRUCTURE

ISSUE FEE TRANSMITTAL

Mail Stop: ISSUE FEE Commissioner for Patents Alexandria, VA 22313-1450

Sir:

This transmittal accompanies a signed Issue Fee Transmittal, PTOL-85B, and Applicant's check drawn to the order of the Commissioner of Patents & Trademarks in the amount of U.S. \$1,400.00.

Respectfully submitted,

Robert E. Bushnell
Attorney for Applicant

Reg. No.: 27,774

1522 K Street, N.W. Suite 300 Washington, D.C. 20005-1202 (202) 408-9040

Folio: P55971

Date: September 20, 2006

REB/syk

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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WASHINGTON, DC 20005-1202				/		(Depositor's name)					
,		THE TRAC	EMARK			(Signature)					
7						(Date)					
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
09/503,240	02/14/2000		Ki-Seo	on Kim	P55971	6278					
TITLE OF INVENTION: M	IONITOR CASE COMPRIS	SING FACILE DE	TACH STRU	CTURE							
w.			,								
1											
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1400		\$0	\$1400	09/21/2006					
· EXAMINER ART UNI			IIT	CLASS-SUBCLASS							
FISHER, MICHAEL J 3629			•	348-836000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Robert E. Bushnell, Esq. 2 2 3 3 3 3 3 3 3 3							
	RESIDENCE DATA TO B										
		elow, no assignee of this form is NO		ear on the patent. If an assign for filing an assignment.		locument has been filed for 99503246					
(A) NAME OF ASSIGN	EE		(B) RESIDE	NCE: (CITY and STATE: OR C	CQUNTRY)	1409.60 OP					
Samsung Electronics Co., Ltd. Suwon-si, Gyeonggi-do, Korea											
				eatent): Individual 🖸 Co		oup entity Government					
4a. The following fee(s) are			. Payment of	Fee(s):							
Issue Fee											
Advance Order - # of	· · · · · · · · · · · · · · · · · · ·		☐ The Direc	ctor is hereby authorized by cha Account Number	rge the required fee(s), or cre	edit any overpayment, to ra copy of this form).					
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